

SOLICITATION/CONTRACT ORDER FOR COMMERCIAL ITEMS OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24, & 29.			1. REQUISITION NUMBER A22055349		PAGES 1 OF (1) PAGE(S)																																																																			
2. CONTRACT NO. GS-35F-0623R		3. AWARD EFFECTIVE DATE 09/29/2020		4. ORDER NUMBER 47QF0A20F0999		5. SOLICITATION NUMBER ID11200028																																																																		
7. FOR SOLICITATION INFORMATION CALL 9. ISSUED BY GSA Region 11 One On 301 7TH ST SW WASHINGTON, DC 20024-0001 United States 202-401-9403			b. TELEPHONE NUMBER (For Collect Calls)			8. OFFER DUE DATE/ LOCAL TIME																																																																		
10. THIS ACQUISITION IS <input type="checkbox"/> UNRESTRICTED <input type="checkbox"/> SET ASIDE: % FOR <input type="checkbox"/> SMALL BUSINESS <input type="checkbox"/> HUBZONE SMALL BUSINESS <input type="checkbox"/> (A) NAICS, SIC: SIZE STANDARD:			11. DELIVERY FOR FOB DESTINATION UNLESS BLOCK IS MARKED Destination: <input type="checkbox"/> 13a. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 700)			12. DISCOUNT TERMS NET 30 DAYS / 0.00 % 0 DAYS / 0.00 % 0 DAYS																																																																		
15. DELIVER TO (b) (6) 1800 F ST NW Washington, DC 20405 United States 202-380-5923			16. ADMINISTERED BY Victor K Purcell (202) 357-5801			13b. RATING																																																																		
17a. CONTRACTOR/ OFFEROR (b) (6) SCENTURE, LLC 460 INDUSTRIAL BLVD LONDON, KY 407417205 United States (b) (6)			18a. PAYMENT WILL BE MADE BY General Services Administration (FUND) The contractor shall follow these Invoice Submission Instructions . The contractor shall submit invoices electronically by logging into the ASISIST portal (https://portal.fgs.gsa.gov), navigating to the appropriate order, and creating the invoice for that order. For additional assistance contact the ASISIST Helpdesk at 877-472-4877. Do NOT submit any invoices directly to the GSA Finance Center (neither by mail nor via electronic submission).			14. METHOD OF SOLICITATION RFQ																																																																		
17b. <input type="checkbox"/> CHECK IF RETAINAGE IS DIFFERENT AND PUT SUCH ADDRESS IN OFFER.			18b. SUBMIT INVOICES TO ADDRESS SHOWN IN BLOCK 18a UNLESS BLOCK BELOW IS CHECKED																																																																					
<table><tr><th>19. ITEM NO</th><th>20. SCHEDULE OF SUPPLIES/SERVICES</th><th>21. QUANTITY</th><th>22. UNIT</th><th>23. UNIT PRICE</th><th>24. AMOUNT</th></tr><tr><td>ITEM NO.</td><td>TASK/ITEM DESCRIPTION</td><td></td><td>PREVIOUS MOD AMT</td><td>MOD CHANGE AMT</td><td>NEW MOD AMT</td></tr><tr><td>0001</td><td>CLIN 10000 Startup/Transition in Services</td><td></td><td>(b) (4)</td><td>(b) (4)</td><td>(b) (4)</td></tr><tr><td>0003</td><td>CLIN 30000 Program Management (T&M)</td><td></td><td>(b) (4)</td><td>(b) (4)</td><td>(b) (4)</td></tr><tr><td>0004</td><td>CLIN 30001 Customer agency supplemental program management (LH)</td><td></td><td>(b) (4)</td><td>(b) (4)</td><td>(b) (4)</td></tr><tr><td>0005</td><td>CLIN 40000 Attended Services: Phone (T&M)</td><td></td><td>(b) (4)</td><td>(b) (4)</td><td>(b) (4)</td></tr><tr><td>0007</td><td>CLIN 44000 Attended Services: Web Chat(T&M)</td><td></td><td>(b) (4)</td><td>(b) (4)</td><td>(b) (4)</td></tr><tr><td>0008</td><td>CLIN 50000 Attended Services: After Hours/Specialized (T&M, CSR and supervisory)</td><td></td><td>(b) (4)</td><td>(b) (4)</td><td>(b) (4)</td></tr><tr><td>0009</td><td>CLIN 60000 Customer Satisfaction Survey(T&M)</td><td></td><td>(b) (4)</td><td>(b) (4)</td><td>(b) (4)</td></tr><tr><td>0010</td><td>CLIN 70000 Language Line (T&M)</td><td></td><td>(b) (4)</td><td>(b) (4)</td><td>(b) (4)</td></tr><tr><td>0014</td><td>CLIN 95000 Travel</td><td></td><td>(b) (4)</td><td>(b) (4)</td><td>(b) (4)</td></tr></table>							19. ITEM NO	20. SCHEDULE OF SUPPLIES/SERVICES	21. QUANTITY	22. UNIT	23. UNIT PRICE	24. AMOUNT	ITEM NO.	TASK/ITEM DESCRIPTION		PREVIOUS MOD AMT	MOD CHANGE AMT	NEW MOD AMT	0001	CLIN 10000 Startup/Transition in Services		(b) (4)	(b) (4)	(b) (4)	0003	CLIN 30000 Program Management (T&M)		(b) (4)	(b) (4)	(b) (4)	0004	CLIN 30001 Customer agency supplemental program management (LH)		(b) (4)	(b) (4)	(b) (4)	0005	CLIN 40000 Attended Services: Phone (T&M)		(b) (4)	(b) (4)	(b) (4)	0007	CLIN 44000 Attended Services: Web Chat(T&M)		(b) (4)	(b) (4)	(b) (4)	0008	CLIN 50000 Attended Services: After Hours/Specialized (T&M, CSR and supervisory)		(b) (4)	(b) (4)	(b) (4)	0009	CLIN 60000 Customer Satisfaction Survey(T&M)		(b) (4)	(b) (4)	(b) (4)	0010	CLIN 70000 Language Line (T&M)		(b) (4)	(b) (4)	(b) (4)	0014	CLIN 95000 Travel		(b) (4)	(b) (4)	(b) (4)
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This Task Order is awarded under GSA Multiple Award Schedule (MAS) for USA Gov Contact Center Services in support of GSA Technology Transformation Service (TTS) Office of Products and Programs (OPP). Funding in the amount of (b) (4) is obligated to the Base Period of Performance.																																																																								
6-Month Base Period: 04/30/2020 - 03/25/2021 Option Period One: 03/30/2021 - 03/29/2022 Option Period Two: 03/30/2022 - 03/29/2023 Option Period Three: 03/30/2023 - 03/29/2024 Option Period Four: 03/30/2024 - 03/29/2025 6-Month Option Period Five: 03/30/2025 - 09/29/2025																																																																								
25. ACCOUNTING AND APPROPRIATION DATA 25FQ11FA000AA00.25 AF151.H08...			26. TOTAL AWARD AMOUNT (For Govt. Use Only) (b) (4)																																																																					
<input type="checkbox"/> 27a. SOLICITATION INCORPORATES BY REFERENCE FAR 52.212-1, 52.212-4, FAR 52.212-5 and 52.212-5 ARE ATTACHED. ADDENDA ATTACHED. <input type="checkbox"/> 27b. CONTRACT/PURCHASE ORDER INCORPORATES BY REFERENCE FAR 52.212-4, FAR 52.212-5 IS ATTACHED. ADDENDA ATTACHED.																																																																								
28. CONTRACTOR IS NOT REQUIRED TO SIGN THIS DOCUMENT AND RETURN COPIES TO ISSUING OFFICE. <input type="checkbox"/> CONTRACTOR AGREES TO FURNISH AND DELIVER ALL ITEMS SET FORTH OR OTHERWISE IDENTIFIED ABOVE AND ON ANY ADDITIONAL SHEETS SUBJECT TO THE TERMS AND CONDITIONS SPECIFIED HEREIN.			29. AWARD OF CONTRACT REFERENCE OFFER DATE - YOUR OFFER ON SOLICITATION (BLOCK 5) INCLUDING ANY ADDITIONS OR CHANGES WHICH ARE SET FORTH HEREIN, IS ACCEPTED AS TO ITEMS.																																																																					
(b) (6) 30b. NAME AND TITLE OF SIGNER (Type or print) (b) (6)			31a. UNITED STATES OF AMERICA (SIGNATURE OF CONTRACTING OFFICER) VICTOR PURCELL Digitally signed by VICTOR PURCELL Date: 2020.09.30 20:26:18 -0400		31c. DATE SIGNED																																																																			
32a. QUANTITY IN COLUMN 21 HAS BEEN			32b. SIGNATURE OF AUTHORIZED GOVT. REPRESENTATIVE		32c. DATE																																																																			
32d. PRINTED NAME AND TITLE OF AUTHORIZED GOVERNMENT REPRESENTATIVE			32e. TELEPHONE NUMBER OF AUTHORIZED GOVERNMENT REPRESENTATIVE																																																																					
32f. MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE			32g. E-MAIL OF AUTHORIZED GOVERNMENT REPRESENTATIVE																																																																					
33. SHIP NUMBER		34. VOUCHER NUMBER	35. AMOUNT VERIFIED CORRECT FOR		36. PAYMENT																																																																			
37. CHECK NUMBER		38. S/R ACCOUNT NUMBER	39. S/R VOUCHER NUMBER		40. PAID BY																																																																			
41a. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT		42a. RECEIVED BY (Print)																																																																						
41b. SIGNATURE AND TITLE OF CERTIFYING OFFICER GSA Finance Customer Support 816-423-7287		42b. RECEIVED AT (Location)																																																																						
41c. DATE		42c. DATE RECD (YY/MM/DD)		42d. TOTAL CONTAINERS																																																																				
AUTHORIZED FOR LOCAL REPRODUCTION		SEE REVERSE SIDE FOR CMS CONTROL NUMBER AND PAPERWORK BURDEN STATEMENT		STANDARD FORM 1449 (REV 4-2002) Prescribed by GSA - FAR (48 CFR) 53.212																																																																				